

REGIONAL CARE COORDINATION

Description of Services

Regional Care Coordinators are instrumental in effecting comprehensive interagency treatment planning through a process of collaboration with an array of providers and other stakeholders. Every effort has been made to establish relationships with mental health providers, advocacy organizations, and personnel in the juvenile justice, child welfare, education, and social service agencies across the State of Montana in order to build a strong foundation for interagency collaboration.

Throughout the clinical review process, Regional Care Coordinators are frequently contacted to provide recommendations concerning placement issues, transitions through various levels of care, treatment concerns, and provider communication. While the role of the Regional Care Coordinator is differentiated from a clinical reviewer, the two groups work seamlessly as a team, sharing a common database with all encounters, clinical information, authorization requests, and determinations captured in an electronic record that is easily accessible by either staff member and regularly updated. The Regional Care Coordinator has first hand knowledge of all community resources available, and works in close communication at all times with the clinical review staff to provide a community perspective to any request for authorization and/or placement.

Role of the Care Coordinator

The primary role of the First Health Regional Care Coordinator is to facilitate comprehensive interagency treatment planning through a process of collaboration with providers and other stakeholders. Every effort is made to establish relationships with mental health providers, advocacy organizations, personnel in the juvenile justice, child welfare, education and social service agencies.

In performing day-to-day care coordination responsibilities, effective communication needs to occur, not only between local stakeholders and the Regional Care Coordinator, but also with the First Health Clinical Reviewers and psychiatric staff. The findings and recommendations of the Regional Care Coordinators are routinely communicated to the First Health clinical review staff. While their roles are differentiated, Regional Care Coordinators and clinical reviewers work seamlessly as a team, sharing a common database for all encounters. Clinical information, prior authorization requests, and determinations are captured in an electronic record, regularly updated and accessible by either staff member.

First Health Services of Montana Provider Manual

CARE COORDINATION

The Regional Care Coordinators have first-hand knowledge of all community resources available, and work in close communication with the clinical review staff to provide a community perspective to requests for authorization. Our electronic database records the current status of each review and every effort is made to ensure that requests for authorizations that raise questions for the reviewer are referred to a Regional Care Coordinator to obtain additional information.

Part of what makes the Regional Care Coordinator job complex is the responsibility to several constituencies. First Health is the employer. It is incumbent upon the Regional Care Coordinator to assist the First Health Clinical Reviewers in any way possible in the task of reviewing cases and evaluating certification for services. A request for assistance from a First Health Clinical Reviewer takes top priority. Communication back to First Health should be timely and thorough and frequent updates may be necessary until the case is resolved. The reviewers also rely upon the Regional Care Coordinators to provide them with information about the availability of services in a particular community or for a particular recipient.

First Health is a vendor of the State of Montana Addictive and Mental Disorders Division (AMDD); therefore AMDD is also a Regional Care Coordinator constituent. Regional Care Coordinators need to provide information to AMDD and to accomplish tasks for this agency. Some examples of this work include the research completed on the “high dollar kids”, researching the demographics of the 16-18 year olds, and providing consultation on the Child and Adolescent Functional Assessment Scale (CAFAS). Regional Care Coordinators work with the AMDD to assist in communicating expectations with regard to the provision of services. The Regional Care Coordinators also provide input as requested during Administrative Reviews conducted by AMDD.

The local community is another constituent. The Regional Care Coordinators are consulted by agencies and providers to inquire about up-to-date information in the current mental health system. The local providers look to the Regional Care Coordinator for assistance with the authorization process. Case managers look to Regional Care Coordinators for assistance with difficult cases. At times, families look to us to assist with access to services. Agencies look to us to take a role in multi-agency service planning.

Care Coordinator Responsibilities

INTERAGENCY/PROVIDER COLLABORATION

1. Meet with all providers in the area. Assist them in understanding the Prior Authorization, Continued Stay, and Appeals processes. Provide training as necessary.
2. Encourage the use of least restrictive services as appropriate.
3. Encourage timely and intentional discharge planning and active work towards discharge.
4. Routinely attend clinical staffings to gain a better working knowledge of the provider's services, bed availability.

First Health Services of Montana Provider Manual

CARE COORDINATION

5. Be prepared to provide accurate information on changes within the system.
6. Maintain accessibility to providers regarding system or client-specific issues and questions.

LIAISON TO FIRST HEALTH CLINICAL REVIEWERS AND PHYSICIANS

1. Receive referrals, document contacts and resolution of referral to reviewer and the Montana office.
2. Provide additional information to First Health psychiatrists, as requested, when a request for authorization has been deferred.
3. Provide information to reviewers regarding availability of services, barriers to discharge.
4. Encourage providers to communicate accurate, thorough clinical information to the reviewers.
5. Keep reviewers updated on changes that take place regarding the referral.
6. Identify training needs of providers through feedback from the reviewers.

RESOURCE TO CASE MANAGERS

1. Stay abreast of bed availability in various levels of care.
2. Network with other Care Coordinators for information within their respective regions.
3. Assist with placement and step-down planning for difficult-to-place youth.
4. Attend treatment team meetings to assist in case planning, consult on placement issues, and assist with active discharge planning.
5. Assist the Youth Case Managers in gaining clinical documentation from facilities, monitoring treatment (including family therapy), making sure the diagnoses are correct and consistent, and that discharge planning is moving forward consistent with the needs of the child, not the facility.
6. Provide training as needed (e.g., CAFAS, admission and discharge criteria, accountability and documentation.)

SYSTEM COORDINATION AND COLLABORATION

1. Attend Placement Committee in each county as possible.
2. Meet with all stakeholders and placing agencies (chiefly DCFS and Youth Court) to assist in understanding their roles in joint placements, discharge planning, and the authorization and appeals processes. Help them to be alert to the possible need for discharge when a deferral or a partial approval is received.
3. Meet with other parts of the human services system, such as the Chemical Dependency and Developmental Disabilities providers, to facilitate collaboration. Encourage multi-agency service delivery.
4. Attend inter-agency community meetings. Assist with long and short-term strategies to meet the needs of youth in order to identify the needs for services within the region.

RESOURCE TO THE STATE

1. Provide accurate, thorough information to the State on the delivery of services in the region.

First Health Services of Montana Provider Manual

CARE COORDINATION

2. Provide accurate, thorough information to the State regarding specific youth as needed.
3. Act as a vehicle for communication between the State and providers and community members.
4. Provide training as needed to providers.
5. Identify service gaps. Be specific about the numbers, hard to place populations and possible resources.
6. Assist with the regionalization of the mental health system, as requested by the State.

Access and Availability

The Regional Care Coordinators will be accessible through local phone numbers, local fax lines, or through calling the First Health Services of Montana Helena office through a toll-free number. The Regional Care Coordinators are available from 8:00 AM to 5:00 PM Monday through Friday, Mountain Standard Time.